

For Office Use Only

Permit No.: _____ Time/Date Stamp: _____

Receipt No.: _____

Fee Paid: \$ _____

Date Issued: _____

Building Official Signature

City of Fitchburg
Building Department
166 Boulder Drive
Fitchburg, MA 01420
Phone: 978-829-1880
Fax: 978-829-1963

APPLICATION TO INSTALL A SOLID FUEL BURNING APPLIANCE*Includes, but not limited to, room heaters, stoves, fireplace inserts, furnaces, boilers; see 780 CMR 6007***SITE INFORMATION:**

Property Address: _____ Fitchburg, MA 01420

Assessor's Parcel ID Numbers: Map: _____ Block: _____ Lot: _____ Number Dwelling Units: ☐ One ☐ Two ☐ Other: _____

Zoning District: ☐ RA-1, Residential ☐ RR, Rural Residential ☐ LI, Light Industrial
☐ RA-2, Residential ☐ NBD, Neighborhood Business District ☐ I, Industrial
☐ RB, Residential ☐ CBD, Central Business District ☐ Medical Service
☐ RC, Residential ☐ C&A, Commercial & Automotive ☐ Fitch. State College

You may look up Parcel IDs and Zoning Districts at: <http://fitchburgma.gov/government/departments/assessors/assessormain.cfm>**DESCRIPTION OF PROPOSED WORK:****Check all applicable:****Fuel Type:**

- ☐ Wood
☐ Pellet
☐ Coal
☐ Other: _____
☐ Multi-Fuel

Appliance Type:

- ☐ New
☐ Used
☐ Stove
☐ Manufactured Fireplace/Insert
☐ Masonry Fireplace
☐ Circulating (has blower)
☐ Radiant (no blower)

Chimney/Flue/Venting Type:

- ☐ New
☐ Existing
☐ Masonry Chimney
☐ Relined Chimney
☐ Metal Chimney
☐ Direct Vent

The following information can be found on metal label on appliance:

Stove/Fireplace Manufacturer: _____

Model Name/Number: _____

Testing Laboratory Name: _____

Testing Label Number (Serial #): _____

Required Clearances (according to manufacturer or diagram):

Front or Side with door: _____ inches

Side (no door): _____ inches

Rear: _____ inches

Above Top: _____ inches

Hearth Material (Min. 1 Hour Fire Resistance): _____

Subfloor Material at Hearth (Non-Combustible): _____

Minimum Hearth Dimensions (see mfr. or diagram): _____

Wall Protection Material: _____

Flue Collar Diameter: (on appliance) _____ inches

Flue Diameter: _____ inches

Flue/Chimney Height: _____ feet

Flue Cap Type/Material: _____

Manufacturer & Type of metal lining, flue, or vent: _____

Are any other appliances attached to the stove flue? ☐ Yes ☐ No**Brief Description of Proposed Work:****ESTIMATED CONSTRUCTION COSTS:**

Cost of Project, including cost of solid fuel burning appliance, any related venting/chimney parts and materials, hearth/surround materials, related carpentry materials, electrical work (req. separate permit and licensed electrician), and labor for all of the above:

\$ _____

Building Permit Fee: _____

WORKERS' COMPENSATION INSURANCE AFFIDAVIT [M.G.L. c. 152 § 25C(6)]

Workers' Compensation Insurance Affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of issuance of building permit.

Signed Affidavit Attached: ☐ Yes ☐ No

CONSTRUCTION SERVICES:**Licensed Construction Supervisor**☐ Not Applicable, See Below

Name: _____

Phone Number: _____

Mailing Address: _____

C.S. License Number: _____ Exp: _____

Registered Home Improvement Contractor☐ Not Applicable, See Below

Name: _____

Phone Number: _____

Mailing Address: _____

HIC Registration No.: _____ Exp: _____

Licensed Construction Supervisor Signature_____
Registered Home Improvement Contractor Signature**Complete this section if Licensed Construction Supervisor does not sign permit application:**

The current exemption for "homeowners" was extended to include **owner-occupied one or two-family dwellings**. It allows such homeowners to engage an individual for hire who does not possess a construction supervisor's license, provided that the homeowner acts as supervisor. (*State Building Code 7th Edition, Section 5108.3.5.1 Exception*)

Definition of Homeowner: Person(s) who owns a parcel of land on which he/she resides or intends to reside on which there is, or is intended to be, a one- or two-family dwelling, attached or detached structures accessory to such use and/or farm structures. A person who constructs more than one home in a two-year period shall not be considered a homeowner. The undersigned "homeowner" assumes responsibility for compliance with the State Building Code, the City of Fitchburg Building Department inspection requirements, and all other applicable codes, by-laws, rules, and regulations.

Homeowner Signature**Complete this section if Registered Home Improvement Contractor does not sign permit application:**

MGL c. 142A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units.....or to structures which are adjacent to such residence or building" be done by registered contractors, with certain exceptions, along with other requirements.

I hereby certify that Home Improvement Contractor
Registration is not required for the following reason(s):

- ☐ Work excluded by law
☐ Job under \$1000
☐ Building not owner-occupied
☐ Building does not contain 1-4 Dwelling Units
☐ Owner pulling own permit
☐ Other (specify) _____

Notice is hereby given that owners pulling their own permit or dealing with unregistered contractors for applicable home improvement work do not have access to the arbitration program or guaranty fund under MGL c. 142A.

Signature of Owner/Agent**PROFESSIONAL DESIGN AND CONSTRUCTION SERVICES:**

Buildings and structures containing more than 35,000 cubic feet of enclosed space (including basement) are subject to Construction Control pursuant to 780 CMR 116. Applications for Building Permits associated with such structures shall be accompanied by a Construction Control Affidavit and an attached list of names, addresses, phone numbers, signatures, registration numbers, and expiration dates for all registered architects and registered engineers involved in the project.

PROPERTY OWNERSHIP/AUTHORIZED AGENT:

Owner of Record: _____

Phone Number: _____

Mailing Address: _____

Authorized Agent: _____

Phone Number: _____

Mailing Address: _____

OWNER AUTHORIZATION: *Complete this section if owner's agent or contractor applies for building permit.*

I, _____, as Owner of the subject property hereby authorize _____
to act on my behalf in all matters relative to work authorized by this building permit application.

Owner Signature_____
Date**OWNER/AUTHORIZED AGENT DECLARATION:**

I, _____, as Owner/Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.

Signed under the pains and penalties of perjury.



City of Fitchburg
OFFICE OF THE TREASURER

166 Boulder Drive
Fitchburg, MA 01420

Calvin D. Brooks
Treasurer/Collector

Date: _____

Name: _____

Parcel ID: _____

Address: _____

CERTIFICATE OF TAX COMPLIANCE

This document signed by the Treasurer certifies that as of the above date, that the above named Applicant is in compliance and in good standing with its tax obligations and fees payable under City code, including real estate, personal property and water and sewer fees and is not a delinquent taxpayer (longer than 12 months outstanding). This Certificate is issued in compliance with Part II, Article 3, Chapter 120, Section 22, Subsection (C) as amended by City Council. This Certificate is required for all original applications and renewal applications for any license or permit, other than those referred to in Section 120-24, and issued by any Department, Officer, Board, or Commission of the City but not limited to Building Permits, Zoning Board Appeals Applicants, Planning Board Applications, and Special Permits.

Very truly yours,

Calvin D. Brooks
Treasurer/Collector
City of Fitchburg



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am an employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.][†]

4. ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.[‡]
5. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

[†] Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

[‡] Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____